STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155291	A. BUILDING _____ B. WING _____	C 06/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE VALLEY MEADOWS	**3017 VALLEY FARMS ROAD INDIANAPOLIS, IN 46214**

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F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00090591, IN00091456, and IN00091479. This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00089400 completed on 4/21/2011. Complaint IN00090591- Substantiated. No deficiencies related to the allegations are cited. Complaint IN00091456- Unsubstantiated due to lack of evidence. Complaint IN00091479- Substantiated. Federal/state deficiencies related to the allegations are cited at F279. Survey dates: June 3, 6, 7, 8 2011 Facility number: 000188 Provider number: 155291 AIM number: 100266310 Survey team: Chuck Stevenson RN, TC Census bed type: SNF: 4 SNF/NF: 93 Total: 97 Census payor type: Medicare: 8 Medicaid: 71 Other: 18 Total: 97	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Sample: 5 This deficiency reflects State findings cited in accordance with 410 IAC 16.2. Quality review 6/13/11 by Suzanne Williams, RN	F 000		
F 279 SS=G	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a resident's safety was provided for by not developing a care plan for a resident at risk for injuries related to a diagnosis of Parkinson's Disease with accompanying spastic	F 279		

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F 279	Continued From page 2	F 279		

movements. This deficient practice resulted in 1 resident of 4 reviewed for care plans in a sample of 5 suffering an injury requiring hospital treatment including sutures to a cut above her eye and a hematoma to her cheek. (Resident B)

Findings include:

1. A facility document dated August 2010 titled "The RAI and Care Planning" received from the Director of Nursing on 6/08/11 at 2:30 p.m. and identified as the facility's policy on care planning indicated:

"...the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well being...The care plan is driven not only by identified resident issues and/or conditions but also by a resident's unique characteristics, strengths, and needs...A well-developed and executed assessment and care plan: Looks at each resident as a whole human being...Provides additional clarity of potential issues and/or conditions by looking at possible causes and risks...Provides information regarding how the causes and risks associated with the issues and/or conditions can be addressed to provide for a resident's highest practicable level of well-being..."

2. The record of Resident B was reviewed on 6/06/11 at 1:30 p.m.

Diagnoses included, but were not limited to,

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Alzheimer's Disease, diabetes mellitus, arthritis, anemia, chronic renal insufficiency, and Parkinson's Disease.

A quarterly Minimum Data Set (M.D.S.) assessment dated 5/02/11 indicated Resident B was cognitively impaired, required assistance with all activities of daily living, and had range of motion impairment to her extremities on both sides.

A facility document provided by the D.O.N. on 6/06/11 at 11:00 a.m. and identified as part of the investigation into the injury of Resident B on 6/01/11 indicated:

"Interviews with staff...(name of CNA #1)...On 6/1/11...staff member visualized alleged resident lying on her left side with her head making contact with the wall. Staff member began to turn resident to her back and visualized a laceration to resident left brown (sic) and bruising to resident left eye. Staff member visualized resident's bed was in high fowlers position and resident had leaned over to left side....Department Head Team visualized resident's environment and determined that an additional mat needed to be placed on resident's wall...Resident has a diagnosis of parkinsonism accompanied by spastic/jerky movements. Skin assessment completed on return from emergency room...Laceration to left brow. Hematoma and bruising noted to left eye...After further investigation it has been determined that resident was sitting in high fowlers and fell to the left and hit the wall causing injuries stated above."

Nurse's Progress Notes indicated:

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6/01/11 8:42 p.m. "...enter resident room after the first nurse came out from assessing resident, she had an open area above left eye approximately 5 cm (centimeters) in length and 1/2 cm wide, unable to determine depth, it was bleeding area was swollen above and around the cut, also below left eye was swollen, the coloring was red changing to bluish/purple...placed cool compress to left eye to help stop the bleeding..."

6/2/11 2:00 a.m. "Resident returned from the hospital...Resident is noted to have 3.5 cm laceration to the lt (left) eyebrow area and large pink purplish bruise around lt eye..."

6/04/11 6:04 a.m. "Resident is in bed at this time...left side of face is aruond (sic) eye area is swoleen (sic) and dark red and purple in color with several stitches present. Resident appears stressed she is having subtle tremors..."

An "ASC Weekly Skin Assessment" dated 6/02/11 indicated:

"Open areas: 3.5 cm laceration to lt eyebrow area w/ (with) sutures...

Marks: 2.25 cm red area to the top of forehead in hair line...

Bruises: 2.5x3 cm hematoma w/ 5 cm scratch down the middle of it..."

A physician's order dated 6/02/11, the day after Resident B's injury, indicated "Padded wall for res (resident) safety (mat on wall)." During an interview on 6/06/11 at 4:30 p.m. the Executive

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Director indicated Resident B had a mat on the wall for protection prior to her injury of 6/01/11, and that this order was for a mat above the one already in place. The recapitulation of physician's orders for June 2011 did not contain an order for a mat to the wall for Resident B.

Resident B's records were reviewed for care plans, both in the paper chart and computerized records. There was no care plan for safety issues related to Resident B's diagnosis of Parkinson's Disease with associated spastic/ jerky movements. During an interview on 6/07/11 at 5:00 the Executive Director indicated there was no specific care plan in Resident B's active record for this concern. Resident B's care plans were last reviewed by the facility on 5/13/11, and were not reviewed or updated after Resident B's injury of 6/01/11.

On 6/08/11 at 3:00 p.m. the Director of Nursing provided a copy of a care plan she indicated she had found in Resident B's thinned record. The original date was 1/07/2008, and it was last updated 6/28/08. The care plan indicated "Problem/Strength: Risk for injury from tremors and involuntary muscle movements due to Parkinsonism." She indicate this care plan had not been discontinued, and had no explanation of why this care plan had been removed from Resident B's active record and why it was not a part of her current care plans.

This Federal tag relates to complaint IN00091479.

3.1-35(a)